MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

	NUMBER OF CO					
VA (FREE)	FICA (FREE)	PERSONAL	TOTAL \$	\$10.00 EACH COPY		
full name of deceased	FIRST	MIDDLE		LAST	2. TODAY'S DATE	
3. DATE OF DEATH	MONTH I	DAY YEAR	4. PLACE OF DEATH	CITY OR TOWN	COUNTY	
5. FUNERAL HOME				FOR OF	FOR OFFICE USE ONLY	
6. SIGNATURE OF APPLICANT			PERMIT # & SFN			
7. RELATIONSHIP TO DECEASED	TELEPHONE NUMBER					
- TO DECENSED				DATE REGISTERED		
				Receipt # (Cash or Cl	narge)	
YOUR PRINT OR TYPE YOUR NAME AND MAILING ADDRESS NAME			DOC SERIAL # (BEGINNING)			
MAILING ADDRESS STREET OR P.O. BOX				DOC SERIAL # (ENDIN	IG)	
CITY AND STATE			Government ID, & Exp. Date			

If applying in person, we are located at 3221 N. 16th Street, Suite #100, Phoenix, Arizona 85016

MAKE CHECK PAYABLE TO AND MAIL TO: MARICOPA COUNTY OFFICE OF VITAL REGISTRATION • P.O. Box 2111 • Phoenix, AZ 85001 • (602)506-6805

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5.	FUNERAL HOME			'	FOR OF	FICE USE ONLY
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CITY AND ZIP STATE CODE			Government ID, & Exp. Date			

081-2516 R11-05 If applying in person, we are located at 3221 N. 16th Street, Suite #100, Phoenix, Arizona 85016

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NOTARY'S SIGNATURE

MY COMMISSION EXPIRES:

DAY OF

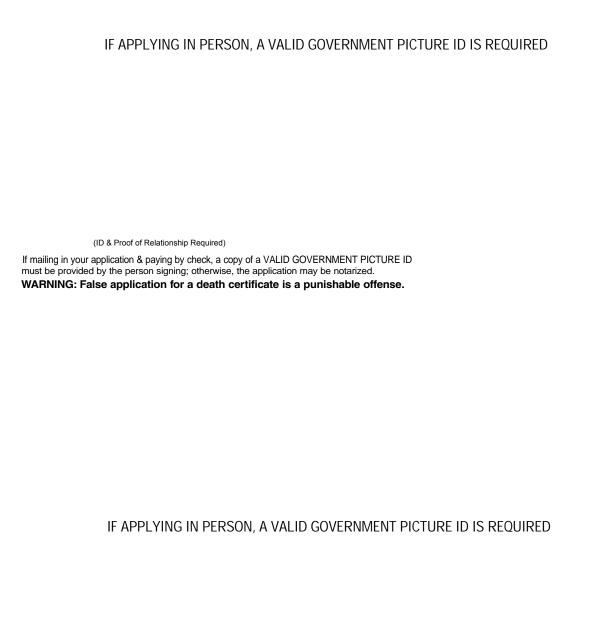
Subscribed and Sworn to or Affirmed Before Me This.

NOTARY'S SIGNATURE

DAY OF

Subscribed and Sworn to or Affirmed Before me This.

MY COMMISSION EXPIRES:



(ID & Proof of Relationship Required)

If mailing in your application & paying by check, a copy of a VALID GOVERNMENT PICTURE ID must be provided by the person signing; otherwise, the application may be notarized.

WARNING: False application for a death certificate is a punishable offense.